



State of Michigan
Department of Licensing and Regulatory Affairs
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia



**CERTIFICATION OF COMPLETION
IN APPROVED TRAINING**

Name: _____

PLEASE USE BLACK INK.
DO NOT USE PENCIL.

Social Security Number:

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You were previously mailed Form UIA 1678, *Determination on Waiver of Eligibility Requirements*, stating that the Unemployment Insurance Agency (UIA) had waived the eligibility requirements of being available and seeking work, in order for you to pursue state approved training. Completion of this form is required to qualify for unemployment benefits for the period of the waiver.

Upon completion of your approved training, return this form with a copy of documentation showing the completion of the training. Acceptable documents include a copy of your transcript, certification of completion, a letter from the school, graduation certificate, or record of your grade. **Provide your entire Social Security Number on all documentation submitted.** This form must be completed, signed and dated by you. You must mail or fax this form so that it is received by the UIA within 30 days of the current semester end date. If you have any questions, call the UIA at 1-866-500-0017 (TTY customers use 1-866-366-0004).

Mail form and documentation to: UIA, P.O. Box 169, Grand Rapids, MI 49501, or fax to 1-517-636-0427.

Certification:

Current Semester Beginning Date: _____ Current Semester Ending Date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

I have satisfactorily pursued the approved training or courses.....Yes ☐ No ☐

If you answered "No", provide an explanation and the dates that you were unable to participate in training:

Will you begin school within 60 days after the above Current Semester Ending Date? Yes ☐ No ☐

I hereby certify my participation in state approved training for the period shown above. The information reported on this form is true and correct to the best of my knowledge and belief. I understand that the law provides penalties of fines, and/or imprisonment, and/or community service for any false statement to secure benefits. **Failure to return this form within 30 days of the current semester end date may result in repayment of benefits.**

Sign your name: _____

